

KENTUCKY BOARD OF INTERPRETERS FOR THE DEAF AND HARD OF HEARING

PLAN OF SUPERVISION FOR TEMPORARY LICENSEE

Instructions:

1. Read the application and instructions carefully before filling out the application. Answer all questions. If the answer is "no" or "none," please indicate. If non-applicable, indicate N/A. If additional space is needed, attach separate sheets.
2. Please type or print.
3. If experience from multiple work settings or supervision from more than one supervisor is planned, complete the following information for each.
4. Attach documentation of 45 hours of professional development for each supervisor indicated on this contract.
5. **PLEASE INCLUDE AN OFFICIAL AGENCY JOB DESCRIPTION. MUST BE ON OFFICIAL AGENCY LETTERHEAD (if applicable).**

APPLICANT'S NAME: _____ TEMP LICENSE #: _____

APPLICANT'S ADDRESS: _____

INTERPRETING SETTING

Agency/Name: _____ Phone: (____) _____

Agency/Address: _____
Street, PO Box, etc. City State Zip Code

Description of agency function (hospital, mental health agency, private practice, etc.): _____

Beginning Date of Plan: _____ Estimated Ending Date: _____

SUPERVISOR OF RECORD

A. Name: _____ KY INTERPRETER LICENSE # _____

B. Address: _____
Street City State Zip Code

C. Telephone: Home: (____) _____ Office: (____) _____

ADDITIONAL SUPERVISOR(S) (If you will be receiving supervision from any other supervisor(s), please list each one)

A. Name: _____ KY INTERPRETER LICENSE # _____

B. Address: _____
Street City State Zip Code

C. Telephone: Home: (____) _____ Office: (____) _____

A. Name: _____ KY INTERPRETER LICENSE # _____

B. Address: _____
Street City State Zip Code

C. Telephone: Home: (____) _____ Office: (____) _____

PLAN OF INTERPRETING SUPERVISION

A. A detailed description of the plan of supervision is (i.e. on-site observation, submit video of practice, provide team interpreting setting when appropriate, etc.)

B. A detailed description of the nature, duration, and frequency of the supervision in this practice is: (i.e. how often and how long are supervisory sessions; what will be done in supervisory sessions; how will they be conducted)

C. A detailed description of the condition or procedures for termination of this relationship is:

AFFIDAVIT

I, the supervisor of record for the above named candidate for temporary licensure for interpreting, have devised and discussed this plan with said applicant and accept responsibility for its implementation. Further, I understand that upon completion of the contract of supervision, if an application for extension is requested, I will be asked to comment on the ethical behavior and skills competency acquired by the applicant. If, for any reason, the conditions of this plan are changed, or this supervisory relationship is terminated or changed, I will immediately notify the Board. Further, I do hereby certify that my license is current, and will be maintained throughout this period.

Signature of Supervisor _____ Date _____

I, the applicant in the above plan, understand that I will be expected to comply with the provisions of this plan in its entirety and must notify the Board of any modifications of this plan once it has been approved. If this contract is terminated, I understand that I must submit a new Supervision Contract to the Board for approval within 90 days of termination.

Signature of Applicant _____ Date _____

AGENCY/SCHOOL SUPERVISION

If the supervision in this contract is provided by someone other than the applicant's agency or school supervisor, the agency supervisor or school principal/Special Education Director must review the proposed plan and sign the statement below:

As agency supervisor/school principal/Special Education Director of the above named candidate, I affirm the agency or school will support the proposed practice experience as described.

Signature of Agency/School Supervisor _____ Date _____